

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 27, 2009
Secretary of State**

DOCUMENT# N08000003850

Entity Name: THE HOMEOWNERS ASSOCIATION AT JEWEL LAKE, INC.

Current Principal Place of Business:

10153 WEST HIGHWAY 90
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

10153 WEST HIGHWAY 90
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOYE, BARRY D
10153 WEST HIGHWAY 90
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BARRY D. JOYE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: POWELL, RODGER D
Address: 10715 SW 67TH STREET
City-St-Zip: GAINESVILLE, GL 32608

Title: D () Delete
Name: RICHARDS, TONY D
Address: 162 SW PINEMOUNT ROAD
City-St-Zip: LAKE CITY, FL 32024

Title: D () Delete
Name: JOYE, BARRY D
Address: 10153 WEST HIGHWAY 90
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: SHEARER, MICHAEL F
Address: 12001 SAWHILL BOULEVARD
City-St-Zip: SPOTSYLVANIA, VA 22553

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SHEARER, MICHAEL F
Address: P.O. BOX 549
City-St-Zip: LAKE CITY, FL 32056

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY D. JOYE

Electronic Signature of Signing Officer or Director

MGP

10/27/2009

Date